

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO. <i>10608020</i>	FILING DATE		
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP		IND
1							51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
10		1					60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15		1					65				
16		1					66				
17		4					67				
18		4					68				
19		2					69				
20		3					70				
21							71				
22							72				
23							73				
24							74				
25							75'				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	<i>4</i>						TOTAL IND.				
TOTAL DEP.	<i>28</i>						TOTAL DEP.				
TOTAL CLAIMS	<i>32</i>						TOTAL CLAIMS				

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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